Name In Full E. Irvin Bennett

Certificate of Death

Died at Thurmont (Town) (County) Fredrick MARYLAND

Date 1899 Month 2 Day 12 | Age Y. 76 M. 2 D. | Native of | Occupation

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

~~Husband~~ ~~Wife~~ of Sallie E. Bennett 44

Father's Name | Mother's Name

Cause of Death: Primary Paralyzed six times | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Thurmont Reno

Address 2-23

Must be signed by physician, if any in attendance, otherwise h[illegible]er, undertaker or minister.

LIBRARY BUREAU, 79408

Rev. Jones = "Smethin Ch.
Rev. McFarland

Name In Full

Mary Belle Ellis

Certificate of Death

Town

County

Died at Delmar Wicomico MARYLAND

Date 1899 Month 2 Day 10 | Age Y. M. D. 9 | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Samuel M. Ellis

Mother's Name

Cause of Death: Primary | How long sick

Immediate | Accident, Suicide, Homicide

161

Reported by Wicomico News

Address 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Sam. H. Freeny

Died at Town: near Salisbury / County: Wicomico — MARYLAND

Date 1899 Month: Feb Day: 22 | Age Y. 38 M. 8 D. 8 | Native of Maryland | Occupation Carpenter & Farmer

~~Male~~ / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living 4

Husband / Wife of M. Annie Ralph

Father's Name Peter Freeny

Mother's Name Betsie Davis

Cause of Death — Primary: Pernicious Anaemia — How long sick 2 Years

Immediate: " " — 32

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. H. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full James Gordy

Certificate of Death

Died at Town County Wicomico MARYLAND

Date 1899 Month 2 Day 3 | Age Y. — M. 6 D. — | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name T. William Gordy | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Salisbury Advertiser

Address 2-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Rev. B. F. Adkins
St. Philip's Ch.,
Swanton, Md.

Name in Full Robert Nathan Gordy

Certificate of Death

Died at Town Pittsville County Wicomico Co. MARYLAND

Date 1899 Month Feb Day 26 | Age Y. 56 M. D. | Native of U.S. | Occupation Farmer

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living Nine

Husband ~~Wife~~ of Eleanora Gordy

Father's Name Geo. McGregory Mother's Name Comfort McGregory *

Cause of Death: Primary Inflammation of Bowels; Immediate Congestion " "

How long sick 9 days

~~Accident, Suicide, Homicide~~

Reported by G. N. Fleming

Address Pittsville, Md. *

While a slave was owne by Wm G. Gordy.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Charlotte Gordy

Town: Parsonsburg County: Wicomico Co

Died at Parsonsburg Wicomico Co MARYLAND

Date 1897 Month: Feb Day: 14 Age Y. 30 M. 4 D. 6 Native of Md Occupation Farmer

Male ___ White ___ Married X Widow ___ Divorced ___

Female X Colored X Single ___ Widower ___ Number of children living 0

Husband of Wife Jacob Gordy

Father's Name ___ Mother's Name ___

Cause of Death: Primary Paralysis 44 How long sick one year

Immediate ___ Accident, Suicide, Homicide

Reported by G A Parsons

Address Parsonsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name In Full Mrs. Sarah J. Grady

Certificate of Death

Died at Town Delmar County Wicomico MARYLAND

Date 189 9 Month 2 - Day 10 | Age Y. 74 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 3

~~Husband~~ Wife of Burton B. Grady

Father's Name John Trader | Mother's Name Eliza Trader

Cause of Death | Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Wicomico Pharmacy

Address [redacted] 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70805

Rev. J. L. Shuey
M. P. Ch.

Name in Full | Certificate of Death

Sarah Jane Jenkins

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Feby Day: 22 Age Y. M. D.: Dont Know Native of: Dont Know Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ none

~~Husband~~ ~~Wife~~ of Widow of Littleton Jenkins

Father's Name: Dont Know Mother's Name: Dont Know

Cause of Death: Primary: Senility and Injury 141 How long sick: Week

Immediate: Collapse ~~Accident, Suicide, Homicide~~

Reported by: F. M. Slemons M. D.

Address: Salisbury Maryland

Must be signed by physician, if any in attendance, otherwi[illegible] oroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

John F. Jones

Town County

Died at Near Powellsville, Wicomico Co., MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 Feb. Age 88 Wicomico Co. Farmer retired

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife Five

Father's Name Jeremiah Jones Mother's Name Elizabeth

Cause of Death

Primary Cold How long sick Two weeks

Immediate Congestion of the Lungs Accident, Suicide, Homicide

Reported by G. W. Freeney

Address Pittsville Wicomico Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Juliet F. Malone

Died at Town: Salisbury County: Wiconico MARYLAND

Date 189 Month: Feby Day: 26 | Age Y. 62 M. D. | Native of Mayland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widower~~ ~~Widow~~ ~~Divorced~~ | Number of children living None

Husbend of Wife Lemuel Malone

Father's Name William Gunby | Mother's Neme Jane M. Gunby

Cause of Death — Primary: Brain Disease 5-2 | How long sick: Several Months

Immediate: Supposed Convulsion | ~~Accident, Suicide, Homicide~~

OVER

Reported by F. M. Clemons M. D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79878

Attended by Dr._____

Information contained in this certificate received from_____

of_____

Name in Full | Certificate of Death

Margaret E. Parsons

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Feby Day: 20 Age Y. 79 M. D. Native of: Salisbury Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ none

~~Husband~~ ~~Wife~~ Widow of Theadore Parsons Dec'd.

Father's Name: Peter Bell Mother's Name: unknown

Cause of Death: Primary: Don't Know 161 How long sick: Sudden

Immediate: Probably Heart failure ~~Accident, Suicide, Homicide~~

Reported by: A. M. Clemons, M. D.

Address: Salisbury Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEBER

Name in Full: Jessie Shockley

Certificate of Death

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date 1899 — Month: Feb. — Day: 8 — Age: Y. – M. 16 D. – — Native of: Md – — Occupation: ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female — Colored — ~~Single~~ ~~Widower~~ ~~Number of children living~~ 42

Husband / Wife of

Father's Name: Irving Smith — Mother's Name: C. V. Shockley

Cause of Death — Primary: Cerebral Haemorrhage (?) — How long sick: 1 day

Immediate: Eclampsia Infantum — Accident, Suicide, Homicide

Reported by: R K Colley

Address: Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Peter Waller

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1899 Month: Feby Day: 26 | Age Y.: Dont M.: Know D.: | Native of: Del. | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Single~~ Married ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: one

Husband of Wife: Mrs — Waller

Father's Name: Dont Know | Mother's Name: Dont Know

Cause of Death — Primary: Heart Disease | How long sick: several Weeks

Immediate: Spasm 5'7 | ~~Accident, Suicide, Homicide~~

OVER

Reported by: F. M. Clemons

Address: Salisbury Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full Asa Waller

Certificate of Death

Died at Town Bivalve County Wicomico MARYLAND

Date 189 9 Month 2 Day

Age Y. 75 M. about D.

Native of

Occupation Soldier

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 161

Cause of Death

Primary x Found dead in bed; was

Immediate subject to choking spells

How long sick

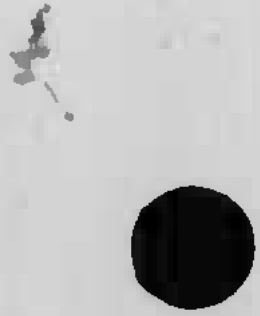
Accident, Suicide, Homicide

Reported by Wicomico News

Address x Frozen to death 2-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Leager-Enterprise Pocomoke City - 2-25th

LIBRARY BUREAU, 7[illegible]



Name in Full Mrs. Sallie Wimbrow

Certificate of Death

Died at Town Powellsville County Wicomico MARYLAND

Date 189 9 Month 2 Day 3 Age Y. 90 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Wm. Wimbrow (Deceased)

Father's Name Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico Nuvo 2-9

Address

Must be signed by physician, if any in attendance, otherwise b[illegible] oner, undertaker or minister.

LIBRARY BUREAU, 79898